DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: UNDERWOOD AVENUE GROUP HOME (310099)

Address: 3747 E UNDERWOOD AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 04/05/1989

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

| Survey History | | | |
|--|----------------------|----------------|-----------------------------|
| Survey ID: 0092574 | End Date: 04/28/2004 | Type: STANDARD | Purpose: COMPLAINT |
| Results: NO STATEMENT OF DEFICIENCY ISSUED | | | |
| Survey ID: 0091041 | End Date: 07/15/2003 | Type: STANDARD | Purpose: SURVEY/SELF REPORT |
| Results: NO STATEMENT OF DEFICIENCY ISSUED | | | |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 08/21/2003 Date Investigation Completed: 04/28/2004

Subject Area(s) Result SOD #

ADMINISTRATION NOT SUBSTANTIATED